

## **INSTRUCTIONS FOR REINSTATING YOUR CONDITIONED AIR CONTRACTORS LICENSE**

1. Complete the application on the front of this form. Sign and mail the form with documentation of continuing education and the fee of \$150.00 made payable to the "Georgia Construction Industry Licensing Board."
2. An incomplete or unsigned application will be returned, and your application will not be considered until the completed application and fee have been received.
3. Record your license number on your check or money order. Do not send cash. Checks returned for insufficient funds will be assessed a \$30 service charge pursuant to **O.C.G.A.** 16-9-20, and the application will be considered incomplete.
4. You may submit a name change with your reinstatement application. A name change must be submitted in writing, accompanied by supporting legal documentation (i.e., copy of marriage license, divorce decree, court contractor.)
5. You may update your mailing address with your reinstatement application. Please indicate if this is a new address.
6. Attach documentation of your having completed the required continuing education.
7. If you have a conviction or board disciplinary action, attach a certified court record or board disciplinary order.

**NOTE:** In addition to reporting convictions and pleas on the this application, license holders are required to report to the board any felony or drug related conviction within 10 days of the date of the conviction.

GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD  
DIVISION OF CONDITIONED AIR CONTRACTORS

237 Coliseum Drive  
Macon, Georgia 31217-3858  
(478) 207-1416 [Telephone]  
(478) 207-1425 [Fax]

[www.sos.state.ga.us](http://www.sos.state.ga.us)

**Do Not Write In This Section**

RECEIPT # \_\_\_\_\_

AMOUNT \_\_\_\_\_

APPLICANT # \_\_\_\_\_

DATE \_\_\_\_\_ INITIAL \_\_\_\_\_

**APPLICATION FOR REINSTATEMENT  
CONDITIONED AIR CONTRACTOR**  
FOR LICENSE LAPSED LESS THAN 3 YEARS

**INSTRUCTIONS:**

1. Read General Information thoroughly before completing application.
2. Complete reinstatement application. Type or print clearly.
3. Enclose **nonrefundable** reinstatement fee – \$150.00
4. Verify all sections are completed.
5. Mail reinstatement application and fee to the Board at the above address
6. This reinstatement application and applicable fee must be received in the board office within 3 years of the license expiration date. The expiration date may be verified on the internet at [www.sos.state.ga.us](http://www.sos.state.ga.us). To reinstate a license more than 3 years after the expiration date, an Application for Reinstatement by Re-examination must be submitted.

✓

**CHECK TYPE OF LICENSE:**

☐ **Class II Non-Restricted Conditioned Air** #CN \_\_\_\_\_

☐ **Class I Restricted Conditioned Air** #CR \_\_\_\_\_

**CONDITIONED AIR**

**PERSONAL INFORMATION**

IS THIS A NEW ADDRESS? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
[For Identification, Law Enforcement, Statistical and Administrative Purposes] Month/Day Year

MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip Code

IF YOUR MAILING ADDRESS IS A P.O. BOX

YOU MUST LIST A PHYSICAL ADDRESS: \_\_\_\_\_  
Street City State Zip Code

BUSINESS ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**DO NOT WRITE OR TYPE BELOW THIS LINE**

Reviewed By: \_\_\_\_\_

Date Approved by Division: \_\_\_\_\_

Disapproved By: \_\_\_\_\_

Date Disapproved by Division: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

## Continuing Education

**CONTINUING EDUCATION:** See Board Rule 121-4-06 regarding Continuing Education requirements on the board's web page at [www.sos.state.ga.us](http://www.sos.state.ga.us). To reinstate your license, you must have completed 4 hours of continuing education for each license year ending November 30, excluding the year in which you were originally licensed. Continuing education must be related to Conditioned Air Contracting and conducted by a college, technical college, or trade association. Retain documentation of continuing education for at least 5 years.

With your application, submit documentation of your having completed continuing education as follows:

For license expired for less than one year: 8 hours

Less than 2 years: 12 hours

Less than 3 years: 16 hours

*License expired for more than 3 years may be reinstated based on re-examination.*

### Please answer the following questions

1. During the past five years, have you been convicted, sentenced, entered a plea, or given first offender status for any felony, misdemeanor or any offense other than a minor traffic violation? DWI or DUI are not minor traffic violations.

\_\_\_\_\_No \_\_\_\_\_Yes

(If "yes", submit a certified copy of the court records and disposition.)

2. During the last 5 years, has any disciplinary action been taken against you by any state board or any other regulatory board?

\_\_\_\_\_No \_\_\_\_\_Yes

(If "yes", submit a copy of such action with your application.)

3. Have you completed continuing education as required by the Board Rule 121-4-06? (Attach Documentation)

\_\_\_\_\_No \_\_\_\_\_Yes

I am applying for reinstatement of my state Conditioned Air Contractor license. By signing below, I authorize the Board to receive from any criminal justice agency, any criminal history information regarding me. Under perjury, I swear or affirm that the information that I have provided in this application is correct to the best of my knowledge.

Signature of licensee:\_\_\_\_\_ Subscribed and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_

Date:\_\_\_\_\_ (Signature of Notary Public)\_\_\_\_\_

**(SEAL)**

My Commission Expires:\_\_\_\_\_